No. 2
-4-13-40
5-17-39
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FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12802

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3232

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3001 S 13th St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 24

(d) Street No. 3001 S. 13th St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Julia C. Burow

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Adolf G. Burow

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Mar. (Month) 13 (Day) 1860 (Year)

8. AGE: Years 74 Months 1 Days 0 If less than one day hr. min.

9. Birthplace Erie (City, town, or county) Penn. (State or foreign country) 1

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name John Sitzler
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown Kuhn
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Francis A. Burow

(b) Address 2020 Allen Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-41 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Bur. Pk.

18. (a) Signature of funeral director Witt Bros. L & Co

(b) Address 2929 S. Jefferson Av.

19. (a) 4/14/1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1941 hour 8 minute 55 P.M.

21. I hereby certify that I attended the deceased from Dec. 18, 1940 to Apr 12, 1941 that I last saw her alive on Apr. 13, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of uterus	4 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 3014 S. Jefferson Date signed Apr 14/41

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Paul A. Shanklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 9999 S. Jefferson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.